



## SC School Nursing End of the Year Survey: Individual School Report (2007 – 2008)

|                      |   |  |
|----------------------|---|--|
| <b>Nurse's Name:</b> | <b>Licensure:</b><br><input type="checkbox"/> APRN <input type="checkbox"/> RN <input type="checkbox"/> LPN                                       | <b>Educational Level:</b><br><input type="checkbox"/> PhD/ND <input type="checkbox"/> MEd <input type="checkbox"/> MN/MSN <input type="checkbox"/> MPH<br><input type="checkbox"/> BSN <input type="checkbox"/> ADN <input type="checkbox"/> Diploma (RN)<br><input type="checkbox"/> Other: _____ |
| <b>School:</b>       | <b>School Type:</b><br><input type="checkbox"/> Elem <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> Other | <b>Nurse Coverage for This School:</b><br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time: _____<br># of days per week   |

### A. Chronic Health Conditions

| Health Condition                     | # Students | # with IHP | # with 504 Plan |
|--------------------------------------|------------|------------|-----------------|
| ADD / ADHD                           |            |            |                 |
| Allergies (Severe)                   |            |            |                 |
| Asthma                               |            |            |                 |
| Diabetes                             |            |            |                 |
| Epilepsy                             |            |            |                 |
| Psychiatric Disorders*See List Below |            |            |                 |
| Sickle Cell Anemia                   |            |            |                 |

\*In the count for "Psychiatric Disorders" include depressive disorders, anxiety disorders, phobias, conduct disorders and pervasive developmental disorders. Students with ADD/ADHD should be counted separately in the appropriate row noted above.

Number of other students with an IHP: \_\_\_\_\_

List the health conditions related to the IHPs for other students not listed in the table: \_\_\_\_\_

List the number of students who self-monitored and/or self-medicated independently by grade and then sum the numbers to reflect the school's total.

| K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total |
|---|---|---|---|---|---|---|---|---|---|----|----|----|-------|
|   |   |   |   |   |   |   |   |   |   |    |    |    |       |

Approximate number of hours you (the school nurse) spent developing IHPs, Emergency Action Plans, 504 Accommodations Plans, and IEPs: \_\_\_\_\_

### B. Home Visits

Number of home visits made by the school nurse during this school year: \_\_\_\_\_

**C. Screening**

| Screening      | # Students Screened | # Referred | # Referrals Completed |
|----------------|---------------------|------------|-----------------------|
| Blood Pressure |                     |            |                       |
| BMI            |                     |            |                       |
| Dental         |                     |            |                       |
| Hearing        |                     |            |                       |
| Postural       |                     |            |                       |
| Vision         |                     |            |                       |

**D. Injuries & Emergencies at School or School Related Functions During School Day**

List the number of students who experienced emergencies or injuries during the school day where such emergencies or injuries required a referral for immediate medical intervention.

| Injury / Emergency | # Students | Injury / Emergency                      | # Students |
|--------------------|------------|---|------------|
| Anaphylaxis        |            | Heat Related Emergency                  |            |
| Back Injury        |            | Laceration                              |            |
| Dental Injury      |            | Psychiatric Emergency                   |            |
| Eye Injury         |            | Respiratory Emergency (not anaphylaxis) |            |
| Fracture           |            | Sprain / Strain                         |            |
| Head Injury        |            | Other:                                  |            |

How many student injuries or emergencies resulted in permanent disability? \_\_\_\_\_ death? \_\_\_\_\_

Location of incident(s) resulting in permanent disability or death: \_\_\_\_\_

**E. Other Student Health Concerns**

List the number of known pregnancies for each grade level and then sum the numbers to reflect the school's total.

| K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Total |
|---|---|---|---|---|---|---|---|---|---|----|----|----|-------|
|   |   |   |   |   |   |   |   |   |   |    |    |    |       |

Total # of suspected child abuse or neglect / sexual abuse cases that you (the school nurse) reported: \_\_\_\_\_

**F. Health Promotion Activities**

List the number of health promotion activities involving students, faculty/staff, or the school community where you (the school nurse) were involved with the development or implementation of the activity.

| Activity          | # | Activity                   | # | Activity                | # |
|-------------------|---|----------------------------|---|-------------------------|---|
| Health Fair       |   | Substance Abuse            |   | Infection Control       |   |
| Physical Activity |   | Hygiene                    |   | School Health Committee |   |
| Nutrition         |   | Reproductive Health Issues |   |                         |   |
| Tobacco Use       |   | Chronic Health Conditions  |   |                         |   |

How many hours did you (the school nurse) spend working on the development of and/or the implementation of the above activities? \_\_\_\_\_

**G. Personal Professional Development**

List the number of personal professional development activities that you (the school nurse) completed from June 1, 2007 to May 31, 2008. *(If you serve more than one school, complete this section on only one school report.)*

| Activity                           | # | Activity                     | # | Other Activities | # |
|------------------------------------|---|------------------------------|---|------------------|---|
| Conference                         |   | Teleconference / Video       |   |                  |   |
| Workshop                           |   | On-line Educational Offering |   |                  |   |
| Meeting                            |   | Journal Educational Offering |   |                  |   |
| School District Sponsored Training |   | College / University Course  |   |                  |   |

How many hours (actual clock hours) of professional development did you (the school nurse) complete from June 1, 2007 to May 31, 2008? *(If you serve more than one school, complete this section on only one school report.)* \_\_\_\_\_

Thank you for your participation in this survey.

Date Due: \_\_\_\_\_

Return To:

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